

Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, DME 222

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Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details*.

Description & Definitions:

Intra-oral appliances and splints are devices used to alleviate pain and other symptoms caused by temporomandibular joint (TMJ) syndrome.

Criteria:

Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome are considered medically necessary with **1 of the following**:

- For an initial device individual has indications of **all of the following**:
 - Evidence of clinically significant masticatory impairment with documented pain and/or loss of function
 - Temporomandibular joint pain localized, continuous, and described as moderate to severe
 - Temporomandibular joint pain worse during jaw functions (e.g., chewing, talking)
- For an adjustment of an intra-oral appliance individual must have **all of the following**:
 - Initial appliance therapy was placed less than six (6) months before adjustment

There is insufficient scientific evidence to support the medical necessity of intra-oral appliances and splints for temporomandibular joint (TMJ) syndrome for uses other than those listed in the clinical indications for procedure section.

Document History:

Revised Dates:

- 2024: March
- 2019: November
- 2015: June, October
- 2014: June, October

- 2013: February, June
- 2012: July
- 2011: June, July
- 2010: July
- 2009: June
- 2008: May
- 2005: December
- 2004: October
- 2002: October
- 1998: May, October, November
- 1995: July

Reviewed Dates:

- 2025: March – Implementation date of 6/1/2026. No changes references updated
- 2023: March
- 2022: April
- 2021: May
- 2020: May
- 2018: April
- 2016: April, June
- 2010: June
- 2007: December
- 2005: September
- 2003: October, November
- 2001: October
- 2000: October
- 1999: October
- 1996: March

Effective Date:

- May 1995

Coding:

Medically necessary with criteria:

Coding	Description
21085	Impression and custom preparation; oral surgical splint
D7880	Occlusal Orthotic Device

Considered Not Medically Necessary:

Coding	Description
	None

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products: Policy is applicable to Sentara Health Plan Medicare products.
- Authorization requirements: Pre-certification by the Plan is required.
- Special Notes:
 - Medicare:
 - This medical policy expresses Sentara Health Plan's determination of medical necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Parameters and Guidelines for Treatment of TMD. (2025). Retrieved 2 2025, from American Society of Temporomandibular Joint Surgeons (ASTMJS): <https://astmjs.org/about/>

Provider Manuals- Dental (DentaQuest LLC). (2023, 6). Retrieved 2 2025, from DMAS: <https://vamedicaid.dmas.virginia.gov/sites/default/files/2024-03/va-smiles-for-children-orm-06-02-2023.pdf>

Temporomandibular disorders in adults. (2025, 1). Retrieved 2 2025, from UpToDate: https://www.uptodate.com/contents/temporomandibular-disorders-in-adults?search=Treatment%20of%20Temporomandibular%20Joint%20Disorders&source=search_result&selectedTitle=1%7E97&usage_type=default&display_rank=1#H88680923

Keywords:

SHP Intra-Oral Appliances and Splints for Temporomandibular Joint (TMJ) Syndrome, SHP Durable Medical Equipment 222on-Surgical Treatment of Temporomandibular Joint (TMJ) Syndrome and Treatment of Temporomandibular Disorders (TMD), SHP Medical 29, internal derangement, osteoarthritis, jaw pain, jaw, jaw opening restriction, jaw functions, chewing, talking, SHP Intra-Oral Appliances and Splints, oral appliances, splints